

SERFF Tracking Number:	LDDX-125325271	State:	Arkansas
Filing Company:	Old Republic Insurance Company	State Tracking Number:	AR-PC-07-026452
Company Tracking Number:	DOEAR0180501F01		
TOI:	17.1 Other Liability - Claims Made Only	Sub-TOI:	17.1006 Directors & Officers Liability
Product Name:	Excess Directors & Officers		
Project Name/Number:	Excess Directors & Officers /DOEAR0180501F01		

Filing at a Glance

Company: Old Republic Insurance Company

Product Name: Excess Directors & Officers

TOI: 17.1 Other Liability - Claims Made Only

Sub-TOI: 17.1006 Directors & Officers Liability

Filing Type: Form

SERFF Tr Num: LDDX-125325271

SERFF Status: Closed

Co Tr Num: DOEAR0180501F01

Co Status:

Author: SPI ORChicago

Date Submitted: 10/16/2007

State: Arkansas

State Tr Num: AR-PC-07-026452

State Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Disposition Date: 10/22/2007

Disposition Status: Approved

Effective Date (New):

Effective Date (Renewal):

Effective Date Requested (New): 11/30/2007

Effective Date Requested (Renewal):

General Information

Project Name: Excess Directors & Officers

Project Number: DOEAR0180501F01

Reference Organization:

Reference Title:

Filing Status Changed: 10/22/2007

State Status Changed: 10/17/2007

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Old Republic Insurance Company submits the following new form for your approval. It will be attached to our previously approved Excess Directors & Officers policy, ORUG-87. There is no rate impact.

We request an effective date of November 30, 2007 or the earliest date possible.

Company and Contact

Filing Contact Information

Johnathan Hagen, State Filings Analyst
307 N. Michigan Avenue

jhagen@oldrepublic.com
(312) 346-8100 [Phone]

<i>SERFF Tracking Number:</i>	<i>LDDX-125325271</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Excess Directors & Officers /DOEAR0180501F01</i>		

Chicago, IL 60601 (312) 762-4950[FAX]

Filing Company Information

Old Republic Insurance Company	CoCode: 24147	State of Domicile: Pennsylvania
307 N. Michigan Avenue	Group Code: 150	Company Type:
Chicago , IL 60601	Group Name:	State ID Number:
(312) 762-4800 ext. [Phone]	FEIN Number: 25-0410420	

SERFF Tracking Number: LDDX-125325271 *State:* Arkansas
Filing Company: Old Republic Insurance Company *State Tracking Number:* AR-PC-07-026452
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Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic Insurance Company	\$50.00	10/16/2007	16136770

<i>SERFF Tracking Number:</i>	<i>LDDX-125325271</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/22/2007	10/22/2007

<i>SERFF Tracking Number:</i>	<i>LDDX-125325271</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Excess Directors & Officers /DOEAR0180501F01</i>		

Disposition

Disposition Date: 10/22/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>LDDX-125325271</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Republic Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026452</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	AMEND SECTION II. A. AND B. VERSION B	Approved	Yes

SERFF Tracking Number: LDDX-125325271 State: Arkansas

Filing Company: Old Republic Insurance Company State Tracking Number: AR-PC-07-026452

Company Tracking Number: DOEAR0180501F01

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability

Product Name: Excess Directors & Officers

Project Name/Number: Excess Directors & Officers /DOEAR0180501F01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	AMEND SECTION II. A. AND B. VERSION B	D7030-B	(10/2007)	Endorseme New nt/Amendm ent/Condi tions		0.00	D7030- B.PDF



AMEND SECTION II. A. AND B. VERSION B

It is understood and agreed that:

1. Sections II. A. and B. are amended to read in their entirety as follows:

A. Liability for any covered **Loss** on account of **Claims** first made in the **Policy Period** shall attach to the Insurer only after:

1. the insurers of the **Underlying Policies**, and/or
2. the **Company** and/or the **Insured Persons**, either (i) pursuant to a Limit Reduction Agreement (as defined below) with the insurer(s) of the **Underlying Policies**, or (ii) by reason of the financial insolvency of the insurer(s) of the **Underlying Policies**,

shall have paid in legal currency the full amount of the **Underlying Limit** for such **Policy Period**, and the **Company** and/or the **Insured Persons** shall have paid the uninsured retention, if any, applicable under the **Primary Policy**. The Insurer shall then be liable to pay only covered **Loss** in excess of such **Underlying Limit** up to its **Limit of Liability** as set forth in Item 3. of the Declarations, which shall be the maximum aggregate liability of the Insurer under this policy with respect to all **Claims** first made in the **Policy Period** against all **Insured Persons** and, if applicable, the **Company**, irrespective of the time of payment by the Insurer.

B. In the event and only in the event of the reduction or exhaustion of the **Underlying Limit** by reason of the insurers of the **Underlying Policies** and/or the **Company** and/or the **Insured Persons**, paying in legal currency **Loss** covered under the respective **Underlying Policy** as provided in Section II. A. above, this policy shall: (i) in the event of reduction, pay excess of the reduced **Underlying Limit**, and (ii) in the event of exhaustion, continue in force as primary insurance; provided always that in the latter event this policy shall only pay excess of the retention, if any, applicable under the **Primary Policy**, which retention shall be applied to any subsequent **Loss** in the same manner as specified in the **Primary Policy**.

2. Any payment by the **Company** and/or the **Insured Persons** pursuant to Section II. A. 2. above with respect to any **Claim** shall reduce or exhaust the **Underlying Limit** only with respect to any such **Claim** and shall not reduce or exhaust the **Underlying Limit** with respect to any other **Claim**.

All other terms and conditions of this policy remain unchanged.

This endorsement is a part of the policy and takes effect on the effective date of the policy, unless another effective date is shown below.

<i>Must be Completed</i>	
ENDT NO.	POLICY NO.

<i>Complete Only When This Endorsement is Not Prepared with the Policy Or Is Not to be Effective with the Policy</i>	
ISSUED TO	EFFECTIVE DATE OF THIS ENDORSEMENT



3. If with respect to any covered **Claim** the **Underlying Limit** is reduced or exhausted by payments by the **Company** and/or **Insured Persons** as provided in Section II. A. 2. above, then as a condition to coverage under this policy for such **Claim** the **Company** and **Insured Persons** shall give to the Insurer full details regarding such payments, including without limitation a copy of the Limit Reduction Agreement and any other information requested by the Insurer relating to the payment or reasons therefor.
4. For purposes of this Endorsement, a Limit Reduction Agreement is an agreement between the **Company** and/or **Insured Persons** and one or more insurer(s) of the **Underlying Policies** pursuant to which such insurer(s) duly admits liability for **Loss** otherwise covered thereunder but agrees to pay only a portion of such **Loss** in exchange for a release from the **Company** and/or **Insured Persons**, provided the sole basis for such agreement and release is the compromise of good faith coverage issues under the **Underlying Policies** and such basis does not relate to coverage issues, terms, conditions or premiums under any other policy. The **Company** and **Insured Persons** agree to provide a copy of such agreement to the Insurer upon the Insurer's request.
5. For purposes of this Endorsement, "**Underlying Policies**" shall include any Side A Excess DIC policy which is excess of this policy if and to the extent that such Side A Excess DIC policy drops down pursuant to its difference-in-conditions provision and pays **Loss** within the **Underlying Limit**.

All other terms and conditions of this policy remain unchanged.

This endorsement is a part of the policy and takes effect on the effective date of the policy, unless another effective date is shown below.

<i>Must be Completed</i>	
ENDT NO.	POLICY NO.

<i>Complete Only When This Endorsement is Not Prepared with the Policy Or Is Not to be Effective with the Policy</i>	
ISSUED TO	EFFECTIVE DATE OF THIS ENDORSEMENT

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Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>LDDX-125325271</i>	<i>State:</i>	<i>Arkansas</i>
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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	10/22/2007
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Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Old Republic Insurance Group				Group NAIC #	0150
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Old Republic Insurance Company	PA	24147	25-0410420			

5. Company Tracking Number	DOEAR0180501F01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Johnathan Hagen 307 N. Michigan Avenue Chicago IL 60601	State Filings Analyst	800-621-0365 Ext. 4534	312-762-4950	jhagen@oldrepublic.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Johnathan Hagen		

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.1 Other Liability - Claims Made Only	
10. Sub-Type of Insurance (Sub-TOI)	17.1006 Directors & Officers Liability	
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]		
12. Company Program Title (Marketing Title)	Directors & Officers	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)	
14. Effective Date(s) Requested	New: 11/30/07	Renewal: 11/30/07
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16. Reference Organization (if applicable)	n/a	
17. Reference Organization # & Title	n/a	
18. Company's Date of Filing	10/16/07	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	DOEAR0180501F01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Old Republic Insurance Company submits the following new form for your approval. It will be attached to our previously approved Excess Directors & Officers policy, ORUG-87. There is no rate impact.

We request an effective date of November 30, 2007 or the earliest date possible.

[illegible]

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)